

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Continuing A Majority Party Action Committee (CAMPAC)

ADDRESS (number and street) 5915 Eastman Avenue Suite 100
 Check if different than previously reported. (ACC)
Midland MI 48640

2. **FEC IDENTIFICATION NUMBER** C00350462
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2006 through 05 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jacqueline M. Medema
Signature of Treasurer Electronically Filed by Jacqueline M. Medema Date 06 19 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Continuing A Majority Party Action Committee (CAMPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		35442.03
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	11470.07									
(c) Total Receipts (from Line 19)	15500.00	32500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26970.07	67942.03								
7. Total Disbursements (from Line 31)	5230.15	46202.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21739.92	21739.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Continuing A Majority Party Action Committee (CAMPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2500.00	7500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	2500.00	7500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	13000.00	25000.00
(c) Other Political Committees (such as PACs)	15500.00	32500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15500.00	32500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15500.00	32500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	230.15	35202.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	230.15	35202.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	11000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5230.15	46202.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5230.15	46202.11

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15500.00	32500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15500.00	32500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	230.15	35202.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	230.15	35202.11

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 11	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

A. Full Name (Last, First, Middle Initial)
KENNETH J. KIES

Mailing Address 6109 Franklin Part Rd.

City State Zip Code
Mclean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLARK CONSULTING MANAGING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.6016

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 11
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. DELOITTE & TOUCHE FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 365		Transaction ID: SA11C.6007
City State Zip Code Washington DC 20044	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00211318	CONTRIBUTION	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FPL PAC FLORIDA POWER & LIGHT CO EMPLOYEES POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 700 Universe Blvd. P.O. BOX 14000		Transaction ID: SA11C.6011
City State Zip Code Juno Beach FL 33408	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00064774	CONTRIBUTION	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 1401 H STREET NW SUITE 1200		Transaction ID: SA11C.6004
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00105981	CONTRIBUTION	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 11
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 1850 M Street NW Suite 540		Transaction ID: SA11C.6002	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00130773		CONTRIBUTION	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2006	
Mailing Address 1850 M Street NW Suite 540		Transaction ID: SA11C.6013	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C C00130773		CONTRIBUTION	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. PAC OF EMPLOYEES OF DOW CHEMICAL (PACE)		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2006	
Mailing Address COMERICA BANK - PAC SERVICES P.O. BOX 75000		Transaction ID: SA11C.6009	
City State Zip Code DETROIT MI 48275	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00074096		CONTRIBUTION	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	13000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 11

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. BURNSIDE & LANG, PC		Transaction ID: SB21B.6017	
Mailing Address 5915 EASTMAN AVE SUITE 100		Date of Disbursement MM / DD / YYYY 05 / 11 / 2006	
City MIDLAND	State MI	Zip Code 48640	Amount of Each Disbursement this Period 230.15
Purpose of Disbursement ACCOUNTING FEES		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	230.15
TOTAL This Period (last page this line number only)	230.15

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. BRIAN BILBRAY FOR CONGRESS		Transaction ID: SB23.6019 Date of Disbursement
Mailing Address 2466 Unicornio Street		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City Carlsbad	State CA	Zip Code 92009
Purpose of Disbursement CONTRIBUTION		<input type="text" value="011"/> Category/ Type
Candidate Name BRIAN P BILBRAY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 50	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. FRIENDS OF MARK FOLEY		Transaction ID: SB23.6029 Date of Disbursement
Mailing Address 1316 LAKE VICTORIA DR 1316 Lake Victoria Dr		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City LAKE WORTH	State FL	Zip Code 33461
Purpose of Disbursement CONTRIBUTION TO CANDIDATE		<input type="text" value="011"/> Category/ Type
Candidate Name MARK FOLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 16	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. JERRY WELLER FOR CONGRESS INC.		Transaction ID: SB23.6027 Date of Disbursement
Mailing Address P.O. Box 2368		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City Joliet	State IL	Zip Code 60434
Purpose of Disbursement CONTRIBUTION TO CANDIDATE		<input type="text" value="011"/> Category/ Type
Candidate Name GERALD C JERRY WELLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 11	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. JOHNSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.6021																					
Mailing Address P. O. Box 1986		Date of Disbursement																					
City New Britain State CT Zip Code 06050		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	2		2	0	0	6														
Purpose of Disbursement CONTRIBUTION TO CANDIDATE		Amount of Each Disbursement this Period																					
Candidate Name NANCY L. JOHNSON		<table border="1"> <tr> <td>011</td> </tr> </table>		011																			
011																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: CT District: 05		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. SCHWARZ FOR CONGRESS		Transaction ID: SB23.6030																					
Mailing Address POST OFFICE BOX 2063		Date of Disbursement																					
City BATTLE CREEK State MI Zip Code 49016		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	2		2	0	0	6														
Purpose of Disbursement CONTRIBUTION TO CANDIDATE		Amount of Each Disbursement this Period																					
Candidate Name JOHN SCHWARZ		<table border="1"> <tr> <td>011</td> </tr> </table>		011																			
011																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: MI District: 07		<input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

TOTAL This Period (last page this line number only) ►

5000.00
